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TO ALL DIPLOMATIC AND CONSULAR POSTS COLLECTIVE PRIORITY
AMEMBASSY TRIPOLI PRIORITY

UNCLAS STATE 017303

E.O. 12958: N/A

TAGS: [TBIO](#) [SOC](#) [PREL](#) [KPAO](#)

SUBJECT: HIGHLIGHTING WORLD TB DAY - MARCH 24, 2009

REFTEL: STATE 4510

1. (U) This is an action request. Please see paragraphs 3-4.

2. (U) World TB Day is March 24. This annual event commemorates the date in 1882 when Dr. Robert Koch announced his discovery of the bacteria that causes tuberculosis (TB). The World Health Organization (WHO), the United States, and countries around the world will commemorate this day by celebrating the lives and stories of people affected by TB: women, men and children who have taken TB treatment, medical professionals, researchers, and community workers ? all essential team members in the global fight against TB.

3. (U) ACTION REQUEST: World TB Day is an opportunity for Chiefs of Mission, USAID Mission Directors, Public Affairs Officers, ESTH Officers, HHS Attaches, CDC Chiefs of Party, and Medical Officers to highlight the USG commitment to prevent and control the spread of this major global public health problem and underscore host governments' efforts to do the same. Department requests that where possible Posts, in coordination with USG agencies involved in TB activities in country, such as USAID, conduct appropriate outreach and public diplomacy events. Posts should feel free, where appropriate, to invite local media to attend these events and to provide press releases and op-eds to local media outlets (END ACTION REQUEST).

Suggestions include:

- Host an outreach or awareness event. For example, Posts can host a joint press event with the local community leaders and other partners on TB.
- Organize a health project site visit. Chiefs of Mission, USAID Mission Directors, or other Mission officials could visit TB clinics and meet with patients and health professionals.
- Host a roundtable discussion. For example, Posts can create a health worker roundtable event to foster discussions about the local efforts to fight TB.
- Report on special groups or populations. Working with the appropriate Mission officials, officers can report on TB within special populations in the country, such as the military, youth, elderly or at-risk groups.
- Organize interviews with local press. In this scenario, Posts would arrange interviews with local media outlets to discuss World TB Day and the USG contribution to combating the disease.
- Engage local youth. Posts could organize artistic, lyrical, or other competitions for children in which they present ways to reduce stigma towards persons living with TB and to protect against infection.

4. (U) Department would appreciate reports from Posts regarding TB Day activities via e-mail or front channel cable. Please slug responses to Jehan Jones, OES/IHB (JonesJS2@state.gov).

15. (U) In preparing for World TB Day events, Posts may wish to draw upon the following building blocks.

16. (U) Building Blocks:

- Despite recent progress, tuberculosis (TB) remains a major global public health problem, with nearly nine million new cases and more than 1.7 million deaths each year. With HIV/AIDS claiming over two million lives each year, and malaria killing more than one million, TB is one of the three leading causes of deaths worldwide due to an infectious disease.

- TB strikes people during their most economically productive years. TB not only takes an enormous personal toll, it also places a tremendous economic burden on families, communities, and countries. While TB treatment is often free, diagnosis, laboratory charges, transport, food and other costs can account for up to 20 percent of annual household income for TB patients, according to the World Bank.

- Although a cure for TB has existed for more than half a century, the disease is often diagnosed late, treated improperly, or not treated at all, leading to transmission in the community and death.

Unfortunately, the most vulnerable people have the greatest difficulties in accessing good quality care. TB is both a disease of poverty - with transmission enhanced in over-crowded conditions - and a contributor to poverty.

- The USG is on the frontlines of the battle against TB. In collaboration with host nation TB programs, the USG works to improve the quality of basic TB programs or DOTS (Directly Observed Therapy, Short Course) services; upgrade laboratory infrastructure; build a foundation to introduce new diagnostic technologies; and work with WHO and other partners to conduct drug resistance surveys and surveillance. This is an opportunity to showcase USG contributions to global health and scientific progress.

- On July 30, 2008 the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing up to \$48 billion over the next five years to combat global HIV/AIDS, tuberculosis, and malaria.

- The U.S. Agency for International Development (USAID) is the lead USG agency in international TB control programs, supporting TB programs in 40 countries, with the President's Emergency Plan for AIDS Relief (PEPFAR) taking the lead role in TB/HIV co-infection, and the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (HHS/CDC) providing critical technical support to global and country level initiatives. The National Institutes of Health (NIH) is engaged in basic investigations and international clinical research studies related to TB. Coordination and collaboration among these agencies is extensive and very effective in both the domestic and global spheres.

- Between 2000 and 2008, USAID provided over 760 million USD for TB programs worldwide. In FY 2008, USAID provided close to \$15 million USD to the STOP TB Partnership's Global TB Drug Facility (GDF), an important mechanism that provides drugs to countries in need. PEPFAR increased its funding for HIV/TB five-fold, from 26 million USD to 140 million USD, from fiscal year 2005 to fiscal year 2008. The USG also supports TB control worldwide through funding provided to the Global Fund to Fight AIDS, TB and Malaria (Global Fund), to which the USG is the largest single donor, with contributions given almost 3.3 billion USD, or about 27 percent of total contributions. Seventeen

percent of support for the Global Fund has been dedicated to TB work.

- TB is the leading cause of death for AIDS patients in sub-Saharan Africa. In parts of sub-Saharan Africa, rates of co-infection exceed 50 percent. By the end of September 2008, PEPFAR had supported care for more than 395,400 TB/HIV co-infected people in the 15 PEPFAR focus countries, mostly in Africa.

- Specifically with regard to multi-drug resistant tuberculosis (MDR TB) and extensively drug resistant tuberculosis (XDR TB), the USG is deeply concerned about the magnitude of the drug-resistance problem and we are committed to preventing its occurrence and addressing it. Our work to assist countries to strengthen their basic TB programs helps to prevent the development of drug resistance. The USG has also been a global leader in addressing MDR TB. In the last two years, we have moved quickly to help our international partners respond to the latest data on MDR and XDR TB. This has included support for drug-resistance surveys and the building of laboratory capacity to detect resistant strains, expanding country level programs to treat MDR TB patients, and support for the Green Light Committee (GLC), which helps ensure that countries have effective programs to manage MDR TB patients and second line anti-TB drugs.

- Global responses to drug-resistant TB, including XDR TB, need to be underpinned by efforts to strengthen the basic national infrastructure to diagnose and treat regular TB.

17. (U) Additional resources include:

Stop TB 2009 Website:

http://www.stoptb.org/events/world_tb_day/2009/

World TB Day Blog:

<http://www.worldtbdays.org>

USAID:

http://www.usaid.gov/our_work/global_health/id/tuberculosis/index.html

PEPFAR:

<http://www.pepfar.gov/pepfar/press/81964.htm>

CDC:

<http://www.cdc.gov/tb/>

WHO:

<http://www.who.int/tb/en/index.html>

18. (U) For additional information or assistance, please contact Carolyn Mohan, USAID/GH/HIDN (202-712-1495 or CMohan@usaid.gov) or Jehan Jones, OES/IHB (202-647-3017 or JonesJS2@state.gov). To receive building blocks in MSWord format, contact Ms. Jones via e-mail.

19. (U) Minimize considered.

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